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PTO/SB/01 (6-95)

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

0010/PTO Rev. 6/95 U.S. Department of Commerce Patent and Trademark Office DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	C 2708 PCT/US
	First Named Inventor	PAULY, Gilles
	COMPLETE IF KNOWN	
	Application Number	10/530,811
	Filing Date	04/05/2006
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANALYSIS OF A SKIN REACTIVITY AND HYPERSENSITIVITY

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/27/2003** as United States Application Number or PCT International

Application Number **PCT/EP2003/010766** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		Certified Copy Attached?	
					YES	NO
0212462	FR	10/08/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington DC 20231.

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DECLARATION**Page 2**

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365© of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	PCT/EP2003/010766	09/27/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label

☒ List Attorney(s) and/or agent(s) name and registration number below:

Name	Registration Number	Name	Registration Number
Aaron R. Ettelman	42,516		
Daniel S. Ortiz	25,123		
Arthur G. Seifert	28,040		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to: ☒ Customer Number ☐ or label **23657** OR ☒ Fill in correspondence address below

Name	Aaron R. Ettelman				
Address					
Address					
City		State		Zip	
Country		Telephone	215-628-1000	Fax	215-628-1345

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Gilles	Middle Initial		Family Name	Pauly	Suffix e.g. Jr.	
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Inventor's Signature		Date	5/10/05
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Residence: City	Nancy	State		Country	France	Citizenship	France
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Post Office Address	5, rue de Begonias		
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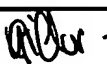
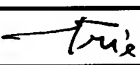
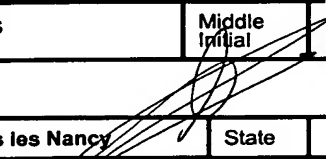
Post Office Address			
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City	54000 Nancy	State		Zip		Country	France	Applicant Authority	
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☒ Additional inventors are being named on supplemental sheet(s) attached hereto

Type a plus sign (+) inside this box + ☐

C 2708 PCT/US

DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Jean-Luc	Middle Initial		Family Name	Contet-Audonneau	Suffix e.g. Jr.			
Inventor's Signature					Date	31/03/2005			
Residence: City	Saint-Max	State		Country	France	Citizenship	France		
Post Office Address	3, rue des Fuchsias								
Post Office Address									
City	54130 Saint-Max	State		Zip		Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Veronique	Middle Initial		Family Name	Gillon	Suffix e.g. Jr.			
Inventor's Signature					Date	31/03/2005			
Residence: City	Essey-les-Nancy	State		Country	France	Citizenship	France		
Post Office Address	73 bis, rue Roger Berlin								
Post Office Address									
City	54270 Essey-les-Nancy	State		Zip		Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Gilles	Middle Initial		Family Name	Perie	Suffix e.g. Jr.			
Inventor's Signature					Date	31/03/2005			
Residence: City	Nancy	State		Country	France	Citizenship	France		
Post Office Address	8, boulevard Recteur Senn								
Post Office Address									
City	54000 Nancy	State		Zip		Country	France	Applicant Authority	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name	Francois	Middle Initial		Family Name	Math	Suffix e.g. Jr.			
Inventor's Signature					Date	04.04.05			
Residence: City	Villers les Nancy	State		Country	France	Citizenship	France		
Post Office Address	34 av Chanoine Pierron								
Post Office Address									
City	54600 Villers les Nancy	State		Zip		Country	France	Applicant Authority	
<input checked="" type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Walter	Middle Initial		Family Name	Blondel	Suffix e.g. Jr.	
Inventor's Signature					Date	11/04/2005	
Residence: City	Pulnoy	State		Country	France	Citizenship	France
Post Office Address	4 rue d'Alsace						
Post Office Address							
City	54425 Pulnoy	State		Zip		Country	France
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Cedric	Middle Initial		Family Name	Pasquier	Suffix e.g. Jr.	
Inventor's Signature					Date	21/04/2005	
Residence: City	Nancy	State		Country	France	Citizenship	France
Post Office Address	24 rue Charles Sadoul						
Post Office Address							
City	54000 Nancy	State		Zip		Country	France
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
						Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							